

12-18-01

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JC853 U.S. PTO

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.

50277-1841

First Named Inventor

Nadeem Syed, et al

Original Patent Number

6,105,030

Original Patent Issue Date
(Month/Day/Year)

08/15/2000

Express Mail Label No.

EL734970286US

10/021783

12/13/01

APPLICATION FOR REISSUE OF:

(Check applicable box)

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Utility Patent

☐

Design Patent

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Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- ☒ Power of Attorney
- Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
- ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - ☐ Computer Readable Form (CRF)
 - Specification Sequence Listing on:
 - ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ☐ paper
 - ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender
- ☐ Ribbioned Original Patent Grant
- ☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other: Check in the amount
of \$1,772.00

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NAME (Print/Type)	Craig G. Holmes	Registration No. (Attorney/Agent)	44,770
Signature		Date	12/13/2001

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EXPRESS MAIL CERTIFICATE OF MAILING

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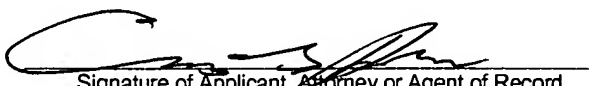
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 50277-1841		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 41	Total Claims (37 CFR 1.16(i)) Independent claims (37 CFR 1.16(f))	(B) 41	**** 0 =	x \$ _____ =	or	x \$ _____ =	0	
(C) 6		(D) 6	* 0 =	x \$ _____ =		x \$ _____ =	0	
Basic Fee (37 CFR 1.16(h))					\$ _____			
Total Filing Fee					\$ _____			
						OR	\$ 740.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 89	MINUS	** 41	* =	x \$ 48 =		x \$ 18 =	864.00
Independent Claims (37 CFR 1.16(f))	*** 8	MINUS	***** 6	=	x \$ 2 =		x \$ 84 =	168.00
Total Additional Fee					\$ _____	OR	\$1032.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1302</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,772.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
12/13/01				 Signature of Applicant, Attorney or Agent of Record Craig G. Holmes, Reg. No. 44,770 Typed or printed name				
Date								

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